

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43743

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

Registrar's No. ....

318

1003

16500

|  |                                  |  |  |  |  |   |  |
|--|----------------------------------|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b> c. LENGTH OF STAY (in this place)  |                                  |  |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>4336</b><br>OR <b>33 TOWN University City</b>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>   |                                  |  |  | d. STREET ADDRESS (If rural, give location) <b>6660 Washington</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ELY</b>   |                                  | b. (Middle) <b>GUSTAVE</b>   |  | c. (Last) <b>KLAUSNER</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 8, 1950</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                               |  | 8. DATE OF BIRTH<br><b>Dec. 17, 1901</b>   |  | 9. AGE (In years last birthday) <b>49</b> IF UNDER 1 YEAR Months <b>11</b> Days <b>21</b> IF UNDER 12 HRS. Hours <b>21</b> Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Dentist</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Russia</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Gustave Klausner</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Trotzky</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Bertha Klausner</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  |                                  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. E. G. Klausner-6660 Washington</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |                                  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Ethmoid</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>18 months</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatic Heart Disease &amp; Degenerative</b><br>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |   |  |
| 19a. DATE OF OPERATION<br><b>Aug. 1949</b>   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of Ethmoid</b>  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>196X</b>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Aug</b> , 19 <b>49</b> , to <b>Dec 8</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Dec. 8</b> , 19 <b>50</b> , and that death occurred at <b>7:4</b> m., from the causes and on the date stated above. |                                  |  |  |  |  |   |  |
| 23a. SIGNATURE<br><b>Harold L. Cullen</b> (Degree or title) <b>M.D.</b>  |                                  |  |  | 23b. ADDRESS<br><b>3720 Washington St. St. Louis</b>   |  | 23c. DATE SIGNED<br><b>Dec. 8, 1950</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>12/10/50</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>B'nai Amoona Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>DEC 9 1950</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. B. Sasser</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Herbert R. Sasser, Inc. 5216 Belmont</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC  
17  
FEB

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed.....

*John Ketteres*  
3880

Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.